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FEC FORM 2 STATEMENT OF CANDIDACY

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| | 5. Office Sought | ddress changed | | 2. Candidate's F | | | | |
|--|----------------------------|--------------------|-------------------|---|------------------------|-----------|-------|--------|
| PO Box 27195 (c) City, State, and ZIP Code Las Vegas Party Affiliation DEMOCRATIC PARTY | 5. Office Sought | ddress changed | | 1.2 Condidato's F | | | | |
| Las Vegas Party Affiliation DEMOCRATIC PARTY DE | ļ - | | | S8NV00156 | | ation Nu | | |
| Las Vegas Party Affiliation DEMOCRATIC PARTY DE | ļ - | | | 3. Is This | New | | | Amende |
| DEMOCRATIC PARTY | ļ - | NV 8912 | 26 | Statement | (N) | OR | × | (A) |
| DEMOCRATIC PARTY | ļ - | | 6. State & Dist | rict of Candidate | | | | |
| DE | Senate | | NV | | | | | |
| | SIGNATION OF | PRINCIPAL | . CAMPAIGI | N COMMITTE | E | | | |
| . I hereby designate the following na | med political committee | as my Principal | Campaign Comr | mittee for the2 | 2018 or of election | _ electio | n(s). | |
| NOTE: This designation should be | filed with the appropriate | e office listed in | the instructions. | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| (a) Name of Committee (in full) | | | | | | | | |
| Rosen for Nevada | | | | | | | | |
| (b) Address (number and street) PO Box 27195 | | | | | , | | | |
| (c) City, State, and ZIP Code | | | | | | | | 1.41 |
| Las Vegas | | | NV | 89126 | | | | |
| candidacy. NOTE: This designation should be | filed with the principal c | ampaign commi | ttee. | | | | | |
| | med with the principal o | | | | | | | |
| (a) Name of Committee (in full) | | | | | | | | |
| Rosen Victory Fund | d | | | | | | | |
| (b) Address (number and street) PO Box 27195 | | | | | | | | |
| | | | | | | | | |
| (c) City, State, and ZIP Code | | | NV | 00400 | | | | |
| (c) City, State, and ZIP Code Las Vegas | | | INV | 89126 | | | | |
| Las Vegas | xamined this Statement a | and to the best o | | | e, correct and | d compl | ete. | |
| Las Vegas | xamined this Statement a | and to the best o | | | e, correct and | d compl | ete. | |
| Las Vegas | camined this Statement | and to the best o | | and belief it is true | e, correct and | d compl | ete. | |
| Las Vegas I certify that I have ex Signature of Candidate Rosen, Jacky, , , | Pase | \ | of my knowledge | and belief it is true Date 04/13/2018 | | | | 437g. |
| Las Vegas I certify that I have ex Signature of Candidate | Pase | \ | of my knowledge | and belief it is true Date 04/13/2018 | | | | 437g. |

FEC Form 2S (Revised 02/2017)

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Optional Supplemental Page for Designation of Additional Authorized Committees

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| Page | - 01 | |

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

| | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. | | | | | | | | | | | | |
|----|--|---------------------------|------------------------------------|--|--|--|--|--|--|-------------------------------|----|-------|--|
| | (a) Name of Committee (in full) Senate Impact 2018 (b) Address (number and street) 918 Pennsylvania Ave SE | | | | | | | | | | | | |
| | | | | | | | | | | (c) City, State, and ZIP Code | | | |
| | | | | | | | | | | Washington | DC | 20003 | |
| 8. | I hereby authorize the following named committee, which i candidacy. NOTE : This designation should be filed with the | | | ve and expend funds on behalf of my | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | | | | |
| | Senate Impact: TN & NV | | | | | | | | | | | | |
| | (b) Address (number and street) 918 Pennsylvania Ave SE | | | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | | | |
| | Washignton | DC | 20003 | | | | | | | | | | |
| 8. | I hereby authorize the following named committee, which candidacy. NOTE: This designation should be filed with the (a) Name of Committee (in full) Nevada Senate Victory 2018 (b) Address (number and street) 120 Maryland Avenue NE | | | ve and expend funds on behalf of my | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | | | |
| | Washington | DC | 20003 | | | | | | | | | | |
| 8. | . I hereby authorize the following named committee, which candidacy. NOTE: This designation should be filed with the (a) Name of Committee (in full) Arizona Nevada New York Victory 2 (b) Address (number and street) 124 Washington Street | he principal campaign com | aign committee, to rece mittee. | ive and expend funds on behalf of my . | | | | | | | | | |
| | Suite 101 | | | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | | | |
| | Foxboro | MA | 02035 | | | | | | | | | | |

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Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

| 8. | | horize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my NOTE: This designation should be filed with the principal campaign committee. | | | | | | |
|----|---|---|-------|------------------------------|--|--|--|--|
| | (a) Name of Committee (in full) | | | | | | | |
| | 2018 Senate Impact | | | | | | | |
| | (b) Address (number and street) 918 Pennsylvania Ave SE | | | | | | | |
| | (c) City, State, and ZIP Code | | - | | | | | |
| | Washignton | DC | 20003 | **** | | | | |
| 8. | I hereby authorize the following named committee, which is candidacy. NOTE : This designation should be filed with the | | | expend funds on behalf of my | | | | |
| | (a) Name of Committee (in full) | | | | | | | |
| | Arizona Nevada Victory Fund | | | | | | | |
| | (b) Address (number and street) 918 Pennsylvania Ave SE | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | Washington | DC | 20003 | | | | | |
| 8. | I hereby authorize the following named committee, which is candidacy. NOTE: This designation should be filed with the (a) Name of Committee (in full) Senate IMPACT: FL & NV | | | expend funds on behalf of my | | | | |
| | (b) Address (number and street) 918 Pennsylvania Ave SE | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | Washington | DC | 20003 | | | | | |
| 8. | I hereby authorize the following named committee, which is candidacy. NOTE : This designation should be filed with the | | | expend funds on behalf of my | | | | |
| | (a) Name of Committee (in full) | | | | | | | |
| | Common Sense 2018 | | | | | | | |
| | (b) Address (number and street) 918 Pennsylvania Ave SE | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | Washington | DC | 20003 | | | | | |

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Optional Supplemental Page for Designation of Additional Authorized Committees

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| Page | - | of | 7 |

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

| 8. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee. | | | | | | |
|----|---|--|--|--|--|--|--|
| | (a) Name of Committee (in full) | | | | | | |
| | Justice 2018 | | | | | | |
| | (b) Address (number and street) 918 Pennsylvania Ave SE | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | |
| | Washington DC 20003 | | | | | | |
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| | (a) Name of Committee (in full) | | | | | | |
| | (b) Address (number and street) | | | | | | |
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| | (b) Address (number and street) | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | |
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| | (a) Name of Committee (in full) (b) Address (number and street) | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | |

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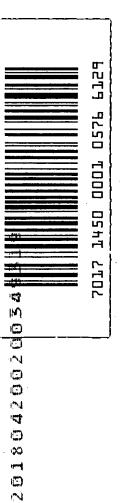






Secretary of the Senotte Office of Rublic Record PO DOX 77578 Washington, DC 20013

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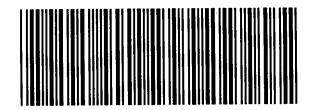
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WASHINGTION, DC 20510-7116 PHONE(202) 224-0322

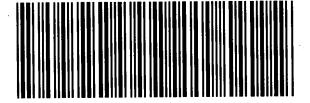
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